Chaplaincy Services Parent/Student Consent Form

**Privacy Notice**

The Department of Education is collecting personal information about the student in this form for the purpose of recording consent for participation in one-on-one meetings with the school’s chaplain. This form will be stored securely at school and only be accessed by the Hannah Patson, the school’s student support team and the principal. The personal information collected here will not otherwise be used or disclosed unless you consent, or the use of disclosure is authorised by law.

Lakes Creek State School provides a chaplaincy service, which is approved by the school’s Parents and Citizens’ Association (P&C) and is available to all students. The Chaplain is employed through Scripture Union Australia (SU AUS). Chaplains provide social, emotional and spiritual support to students and the school community, are inclusive of and show respect for all religious and non-religious beliefs as well as other stances represented in the school community.

Further information about the chaplaincy and student welfare worker program, including definitions, is located on the department’s website at <https://education.qld.gov.au/students/student-health-safety-wellbeing/student-support-services/chaplaincy-student-welfare-worker-services>.

­­­­­­­­­­Your student has been referred to meet, or has indicated interest in meeting individually, with the chaplain on a regular or ongoing basis. For this to occur, your written informed consent is required. The focus of these meetings, which may occur during lesson time or within the broader school day, will be determined by yours and your student’s needs, however chaplains are not allowed to provide counselling. If a referral to an external agency or service is required, the Chaplain must have the approval of the principal, deputy principal or guidance officer as well as your consent.

The meetings with the Chaplain are confidential and the Chaplain may record what happened or was said during the meetings. These notes will be securely stored at the school and may be viewed by the student, if requested.

There may be times when the Chaplain is required to disclose confidential information provided by you or your student to the principal. The principal may be required to inform you (Parent/Guardian), the student, the Queensland Police Service and/or Child Safety Services. This would only happen if:

* a person is at risk of harm, or being harmed;
* a person has plans to, or are/is, harming themselves;
* a person have/has harmed, or are planning to harm, another person; or

a law has been broken.

Consent provided on this form will be considered valid for the duration of the Chaplain’s involvement in supporting you/your student unless this period is more than one school year, in which case consent will be requested at the start of the following school year. Consent provided may be withdrawn at any time by notifying the school principal in writing. The reason for accessing the Chaplain, and the outcome of any consultation with them, will not be disclosed without your consent, unless required by law.

Please complete the attached form indicating whether you consent to any ongoing individual meetings with the Chaplain and return the form to the school office or email to [principal@lakescreekss.eq.edu.au](mailto:principal@lakescreekss.eq.edu.au) with the subject *Chaplaincy Consent Form*.

If you would like to discuss this matter, please contact me by email, school phone number ([4932 6333](tel:(07)%204932%206333)) or in person. Alternatively, you may wish to discuss this with the school Chaplain, Hannah Patson, who can be reached via email – [hpats0@eq.edu.au](mailto:hpats0@eq.edu.au), by calling the school phone number or by arranging to meet with her on the days she works (Thursday & Friday).

Yours sincerely

*Lachlan Moore*

**Principal**

*Please complete, sign and return this form to the school office or email it to* [*principal@lakescreekss.eq.edu.au*](mailto:principal@lakescreekss.eq.edu.au)

**Student name:**

**Year Level / Class:**

Please indicate whether you consent to ongoing individual meetings with the Chaplain, Hannah Patson. You can change your preference at any time by letting the principal know in writing.

I provide consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to meet with the Chaplain. *(Student Name)*

I **do not** consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to meeting with the Chaplain. *(Student Name)*

Any comments or relevant information you wish for the Chaplain to know:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s / Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office Use**:  Retain original in the student’s file and provide a copy of notice to the chaplain/student welfare worker. | | | | | |
| Does the student/parent require an interpreter? | Yes  No | Has an interpreter been used to explain this information? | Yes  No | The principal has determined that the student has the capacity to make an informed decision about their participation in ongoing one-on-one meetings with the chaplain/student welfare worker. | Yes  No |